DOCUMENT RESUME

ED 176 158 CG 013 759

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TITLE The Ecology of Help-Seeking Behavior Among Adolescent Parents.
INSTITUTION American Institutes for Research in the Behavioral Sciences, Cambridge, Mass.
SPONS AGENCY Administration for Children, Youth, and Families (DHEW), Washington, D.C.
PUB DATE 79
GRANT 90-C-1342
NOTE 34p.
AVAILABLE FROM American Institutes for Research, 22 Hilliard Street, Cambridge, MA 02138

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Affiliation Need; *Child Care; *Economically Disadvantaged; Educational Disadvantagement; *Family Involvement; Parents; *Pregnant Students; Secondary Education; Social Agencies; Welfare Agencies
IDENTIFIERS *Teenage Parents

ABSTRACT

Because very little is known about teenage parents' own view of their problems, needs, and acceptable resources, over 100 Boston teenagers and related agencies were interviewed. Parental problems were similar to those of older parents, but youthful lack of experience and skills aggravated the situation. The most frequently cited problem was that of poverty or near-poverty, which also aggravated other problems. Whether married or single, all teenage mothers were affected by loneliness and isolation from all except their families. Dependable, affordable child care was very difficult to locate. Despite legal requirements, young mothers experience difficulties completing their education. Help seeking was limited and always centered upon the family. Contrary to the needs, service providers offered little concrete assistance, requiring a waiting period and often serving only the neediest and totally dependent. There often existed a lack of inter-agency coordination, and, in addition, care typically ended after pregnancy, with agencies forcing clients into adversary relationships. Recommendations for overcoming these obstacles are appended. (LS)

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The Ecology of Help-Seeking Behavior Among Adolescent Parents

EXECUTIVE SUMMARY

January 1979

ED176158

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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CG013759

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The final report for this project is available at cost from:

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Information regarding a 30-minute videotape produced by this project and entitled:

"Growing Up Fast. What Every Service Provider Should Know About Teen-age Parenthood"

is also available from the above address.

This project was supported by Grant No. 90-C-1342, awarded by the Department of Health, Education and Welfare, OHDS, Administration for Children, Youth and Families. The views herein are those of the investigators and not the responsibility of ACYF or The American Institutes for Research.

EXECUTIVE SUMMARY

INTRODUCTION

Each year over 1,000,000 teen-age women in the United States, from a variety of backgrounds, become pregnant.[1] Of those, some 600,000 give birth, and about 90 percent keep their babies. These young parents are faced with many social, economic, health, and personal problems, as has been documented by numerous studies around the country.

One gap in our knowledge of teen-age parenthood is an understanding of teen-age parents' own definitions of their needs and problems as parents and of their definitions of acceptable sources and forms of help. We feel that such knowledge is crucial to sensitive and effective service provision to this population

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[1] It is estimated that over 4,000,000 teen-age women are sexually active.

and to informed policy making. This study was undertaken to address that gap. We interviewed over 100 Black, Hispanic, and White teen-age parents (aged 16-19 at delivery) in the Boston area about their problems as parents, their experiences with and feelings about helping networks, and their unmet needs. In addition, we interviewed service providers about the problems teen-age parents encounter, the special issues involved in working with adolescent clients, and the successes and failures of programs offered by agencies. During the course of this study we not only have come to a better understanding of these issues, but have gathered a great deal of rich, descriptive information about the daily lives of young parents.

CHARACTERISTICS OF THE PARENTS

Most of the mothers were between 18 and 21 years of age at the time of the interview. Twenty percent were Black, 22 percent were Hispanic, and 58 percent were White. Educational

levels were fairly low. Ten of the mothers were attending school and 78 were no longer in school. Of the latter, 69 percent of those for whom educational level was known had not completed high school.

In addition, the bulk of these young parents were living on very low incomes, particularly the single mothers. Three-quarters of these women reported an annual income of less than $4,000. This figure can be compared to an annual income of $7,000 or less reported by half of the married women.

Thirty-six (39.6 percent) of the mothers reported receiving AFDC payments. Mothers also reported receiving food stamps, Medicaid, and WIC (Women, Infants and Children) benefits. Gifts and loans from family, were an important--though usually modest--source of assistance, especially in emergencies.

Sixteen (17.6 percent) of the mothers were engaged in paid employment and nearly half (43.8

percent) of these were employed full-time. Eighty-one percent of the women employed outside the home had only one child, while none of the women with three or more children were gainfully employed.

At the time of the interview, 72.5 percent of the mothers were married, 25.3 percent were separated or divorced and 2.2 percent were single. While our sample underrepresents mothers who were single at the time of the birth of their child(ren), it does, however, allow us to examine the lives of mothers who have since become single.

The number of children born to these women ranged from one to four. The majority (68.1 percent) had only one child. Higher fertility was associated with lower income; half of the women with only one child had an annual income of under $6,000, whereas over half of the women with two or more children had an annual income of $4,000 or less.

Mothers had lived in their current residences for a median time of about two years, with a usual household size of three persons. The larger households usually consisted of the young parent family living together with the family of origin. For those young parents living away from the family of origin, contact with family members was still very frequent--usually at least once a week and often daily.

TRANSITION TO PARENTHOOD

Sixty percent of the mothers reported having felt "very ready" for parenthood at the time of their pregnancy. From their new perspective as parents, far fewer (only 42%) felt that they actually were "very ready."

Since becoming parents, about half reported having less freedom and more responsibility. A few (9 percent) reported having more fun. Mothers also reported: 1) having to engage in more self-sacrificing behavior (9 percent); 2) a

better relationship with the family of origin (4 percent); and 3) a changed relationship with the spouse (4 percent).

Parenthood at an early age does not bring with it an altogether unique set of problems; on the contrary, many of the difficulties experienced by these young parents were much the same as those encountered by people who delay childbearing. Many difficulties, however, appeared to be enhanced by such youthfulness and lack of life experience and skills. Some problems were the direct result of the termination or limitation of some life choices which occurred during pregnancy or following childbirth.

PROBLEM AREAS

Finances

A lack or shortage of financial resources was the problem most frequently reported by mothers in our sample. Regardless of the exact

chain of events in each case, teen-age parents were often faced with very low and undependable incomes, many dependent upon public welfare. The effects of poverty or near-poverty were so pervasive that they touched virtually every aspect of the lives of these young parents and their children. Poverty enhanced isolation and depression, made living in decent housing difficult or impossible, prevented the obtaining of acceptable child care, limited opportunities for receiving good and timely health care, halted attempts to complete education and training for gainful employment, exacerbated marital problems, and stymied regular relaxation and recreation. Half of the mothers in this study reported financial problems as their most important concern.

Isolation and loneliness

The next most frequently noted and perhaps less well-known problem area was that of isolation and loneliness. By intensively interviewing a small sample of women, we were able to

capture their feelings and a picture of their daily lives that are unobtainable through large scale surveys. For many of the mothers in our sample, isolation from former peers and school friends and the inability to link up with a new social network after childbearing were stressful aspects of their lives. We found this to be the case both for those women who noted this as their most important problem and for many others who revealed this less directly in our conversations with them. This phenomenon was by no means restricted to single mothers, since those with spouses often had the same feelings. These mothers relied almost solely on family members for companionship and on family members and agencies for material and personal help. Many desired friends, others in similar circumstances with whom they could just talk.

The effects of isolation and loneliness were pervasive in a way that is analogous to lack of financial resources. By these young mothers own reports and as reported by other investigators the absence of a network of

friends contributed to the probability of child abuse and neglect, depression, suicide, and marital stress. Preschool-age children were as isolated as the parent. This situation appeared to prevent the alleviation of day-to-day stresses by failing to offer these young mothers the positive effects of sharing and talking over problems with others. This lack of a friendship network also meant that it was difficult or impossible for mothers to set up child care cooperatives or other sorts of bartering arrangements which can help to stretch limited financial resources. The support of a group of friends may also enhance the chances of reaching a goal, such as finishing school. "Going it alone" was difficult, at best.

One of our important findings with regard to isolation and loneliness or other mental health problems was that none of the mothers who worked in paid employment reported these feelings.

Infant and child care

One of the most important services for these parents to locate was infant and child care. These parents needed dependable and acceptable child care while their children were infants in order to complete education and job training, to hold down jobs, to carry out life maintenance tasks such as errands, medical appointments, and the like; and simply to have a break from parenting for personal or other adult activities. This need for locating good and affordable child care arrangements was experienced especially by single parents and by two-career families. Mothers in these households often found that 1) care for children under 3 years of age was very difficult to locate; 2) private arrangements were unacceptable or undependable; 3) services were often costly; 4) centers frequently were not open during the usual school or work hours. In addition, many parents had great difficulty simply finding out about services. While child care is theoretically subsidized by public welfare, there are not

enough allotments to go around; this is especially true with respect to infant care.

Education

For many young women and for some young men, becoming a parent before completing school and training often meant forgoing school altogether, or at least for an interval of several years. Locating and affording child care were major obstacles for many. Role conflict was difficult or impossible to cope with for some. Many mature women find motherhood, wifehood and a career hard to juggle all at once; it is our feeling that it is even harder, by and large, for adolescents who are new to all of these roles. While policies and laws at both national and local levels provide for the completion of at least high school for pregnant students or students who are parents, real life often did not work out that way. Individual schools and school administrators appeared to have discriminated against these students for various reasons, such as protecting

the morals of the other students or the health of the pregnant student. Transportation and child care were often not available, meaning that some young mothers could not go to school regardless of school policies.

HELP SEEKING AND THE HELPING NETWORK

In seeking help for various problems, most of the mothers reported going to only one or two sources (69.6 percent). A few of the mothers did not go to anyone for help in spite of their reported need. The fairly small number of help sources used and the substantial number of women who sought no help bear out common observations by service providers, that teen-age parents are sometimes apathetic or slow about seeking needed assistance. Many parents who had received help from agencies expressed high levels of satisfaction, but problems were also encountered.

The helping network for young parents consisted of family members with or without additional help from agencies. Family members

frequently provided referral services and served as liaisons for the young parents with agencies. Friends were noticeably lacking from the helping network. One of the strengths of the family as a source of support was that help could be taken for granted; that is, that one family member had an inalienable right to ask for help from another. However, reliance on family sometimes created difficulties, especially when resources were very limited. Such dependence upon family also led, at times, to struggles for control over the young parent's child.

DIFFERENCES IN SERVICE PROVIDERS' AND PARENTS' PERSPECTIVES

At the outset of the study, we hypothesized that there might be differences in the way providers and parents defined the problems and needs of young parenthood and acceptable forms of help for those problems. We found a number of such differences in outlook. Some of these differences result from the behavior of individual service providers. Many result from

policies formulated at the agency level or higher. It is important that all such differences be addressed in order to improve service provision for young parents.

Parents expressed the clear need for concrete help such as financial aid, food, clothing, child care, housing, job training and placement, and medical care. They had identified their needs very specifically and sought direct help in meeting those needs. Service providers most often provided counseling and other "soft" services with little or no concrete assistance. Some concrete help was available to families on AFDC. However, in order to receive such help, the family had to be in dire straits and, as a result, the father was often indirectly encouraged to leave. Perhaps the families who were in the most difficult circumstances are the working poor as they were in a continual financial struggle and yet were classified as too well off for most assistance.

Parents expressed the need for immediate assistance when they sought help; their needs were pressing and could not be put off indefinitely. The waiting time which occured following the initial request for help appears to have been perceived by service providers as shorter than was perceived by parents in need. On the other hand, the length of services was frequently too short, as judged by parents, and they found themselves quickly back in difficult circumstances. Follow-up after service delivery, if any, was often done for statistical purposes. Few young parents would define this as a follow-up at all. Since many young parents expressed the need to be treated in a caring way, such cursory treatment enhanced their feelings of frustration and alienation thereby discouraging further use of services.

Eligibility requirements set up by DPW and other service agencies were often designed to deal with only the neediest cases. Many people in need were left out. Those parents who had some resources but were only just above the

margin between, for instance, abject poverty and being somewhat less poor were particularly frustrated by their continual inability to get aid.

Many young mothers who were on AFDC wanted very much to become self-sufficient by securing employment but knew that the wages they would earn could hardly offset the loss of AFDC and associated benefits such as Medicaid. They were encouraged by the social workers assigned by the Department of Public Welfare to support themselves and made to feel uncomfortable while on AFDC. These mothers were fully aware that they and their children would be likely to be worse off if they were to take such a step.

Young parents frequently found that they were eligible for particular aid or services only to find that they were left out as a result of a limited number of cases taken. One striking example was that of infant care for families on AFDC. Infant care is theoretically available to many AFDC families but, since

the costs of infant care are greater than for older children, fewer allotments for infants were actually paid.

There was almost universal fragmentation of services and target populations, rendering many services and programs impractical, unrealistic, and inaccessible. Young parents defined their needs and those of their children as "family needs" and many needs as occurring simultaneously. Typically, however, service providers, defined their services in terms of separate, discrete services defined by professional fields and subspecialities. For example, parents often had to schedule medical appointments for themselves separately from their children. The costs of transportation, child care, and other expenses involved in scheduling two or more separate medical appointments were unnecessary burdens which could be relieved by joint medical care for parents and children. Service providers, on the other hand, frequently defined health care for children separately from that for adults.

The constellation of services that parents considered essential to attaining a particular goal were often provided separately or not at all. For example, young mothers realized that in order to attend school or job training sessions, they needed, at a minimum, transportation and child care. Therefore, a law or policy designed to prevent discrimination by schools against pregnant women or those who are parents had little value if many individuals in that population could not attend due to unmet transportation or child care needs.

Parents, as clients, often felt forced into an adversary relationship with service agencies, in that they were made to feel as though they were getting help in the form of some special favor or as a hand-out. Some service providers had apparently failed to remember that their own jobs and livelihoods revolved around providing assistance to those in need. In addition, parents felt that the onus of being their own advocates was inappropriately placed on them. Some service providers expected the parents, as

clients, to know more than they possibly could about services and some providers failed to engage in aggressive outreach and follow-up. A number of teen-age parents found themselves in the uncomfortable position of being treated as children and being expected to undertake adult roles, simultaneously.

Parents recognized that their needs increased dramatically after the birth of a child and that the end of pregnancy did not signal the end of their overwhelming needs. Many service providers, however, typically concentrated on pregnancy and the early postpartum period and left most young parents to their own devices about six weeks after birth. This is partly a problem of the fragmentation and specialization of services during and after pregnancy. Few young parents knew how to make this transition to a partially or completely new set of services and agencies and apparently little help in this transition was afforded them.

RECOMMENDATIONS

The following recommendations are offered as a result of this in-depth study of teen-age parenthood.

- Policy makers and service providers should endeavor to understand teen-age parents' definitions of problems and acceptable sources and forms of help. This understanding is one key to successful service delivery to young parents.

- We have found that the birth of the baby is the beginning of the problems of early parenthood. Programs should focus more on parenthood and on long-term follow-up of young parents and their children. A minimum of three years of follow-up is suggested.

- Basic life maintenance skills for women and men should be incorporated into all school curricula. Many young parents, and

most likely their peers who did not become parents, are unaware of the fundamentals of nutrition; child development; basic home-making and housekeeping; economical uses of food, other goods, and services; and budgeting. Since so many young parents live on very low incomes, they need to be especially resourceful in their life management activities.

- Infant and child care services, transportation, and flexible school schedules should be made available to teen-age parents so that they can finish school without interruption. Such parents can hardly be expected to be self-supporting if they are unable to complete their education and job training.

- Family health care services should be provided. Separate appointments and health care facilities for mothers and children often result in the mother's forgoing her own health care. The additional costs of

transportation to medical appointments and child care during such appointments dramatically increase the cost of health care. Many pregnant women need access to Medicaid for prenatal care. Since medical care is an almost universally sought service, it is also a good place to reach mothers and children for other services.

- Contraceptive counseling and services should be made available to all young parents. Many young women have a second child soon after the first and this second child virtually guarantees the termination of schooling or employment. Two or more children increase the likelihood that a teen-age mother will become welfare dependent. Research on and development of contraceptive methods more appropriate for this age group are also needed.

- Programs and policies focusing on reducing the frequent isolation that teen-age mothers experience should be

established. A small proportion of these mothers are connected to special programs. Most consult agencies very infrequently. Most importantly, they are often almost completely cut off from a friendship and peer network. Being forced to leave school, through active efforts or neglect, contributes to this isolation since a major social network is thereby removed from their lives. Such isolation is very likely to contribute to the probability of child abuse and attempted suicide among young mothers. Drop-in centers, support groups, subsidized telephone services, staying in school, and being employed are all means by which this isolation can be reduced. Aggressive outreach is needed to reach those mothers who are apathetic and stressed to such an extent that they would never be seen by an agency unless a major crisis were to arise. We have no doubt that many young mothers would respond favorably to such outreach efforts.

- Affordable, high quality, and accessible infant and child care services should be made available to young parents (especially single mothers, but also two-parent families) in need of such services. Such services are necessary for them to complete schooling, to be able to work, and to have a bit of free time for relaxation. It is likely that no one system would meet everyone's needs. Centers, family settings, cooperatives, and payments to family members or friends for services are all possible methods of providing these services.

- Policy and programs should build upon and support the family network within which these young parents live. AFDC payments to the family of origin for example, are sometimes supportive of the family network, yet sometimes such an arrangement only exacerbates destructive tensions between the teen-age parent and her/his family. One classic struggle is the one over who is the mother of the young child--the biologi-

cal mother or the grandmother. We recommend that there be flexible policies so that case workers and agencies are able to make informed, sensitive decisions about the best helping mode for teen-age parents.

- Funding priorities should be given to those service agencies which:

  (1) are changing to meet new needs and/or are expanding to provide duplicative services in a geographic area when current needs are not being met; and

  (2) demonstrate that they are in contact with other agencies in the area serving this population.

- Service providers should coordinate their efforts to a greater extent. One area of coordination which could be more fully utilized is efforts between service agencies and hospitals to insure that those in need will be served after delivery of the baby. This is the point at

which many young parents are dropped. Coordination would also help to avoid needless duplication of services. Furthermore, it would serve to enhance supportive networks among service providers, especially those "front-line" workers who can become understandably discouraged by their work.

- We need more information about teen-age fathers from service providers. We need a concerted effort to address the issues of how to reach young fathers and what their involvement should be. We have learned from service providers that the mother's, child's, and father's rights and interests may not always coincide and that more efforts are needed to determine how to provide sensitive supportive services.

- Service providers and policy makers should be sensitive to and aware of the fact that having a child does not automatically make a person an adult. Teen-age parents have adolescent, adult, and parent needs simultaneously.

- Service providers should offer guidance to teen-age parents and potential parents with respect to decision-making. They need 1) information about options; 2) help in learning how to make decisions; and 3) ongoing assistance after making potentially painful decisions.

- Services for teen-age parents should include providing the basics of life--i.e., food, clothing, and shelter. While psychiatric services such as counseling are needed and helpful, we should not forget that people also need help in procuring basic concrete necessities.

- Increased emphasis should be placed on providing vocational training and placement for teen-age mothers and fathers. These young parents express very strong desires to be self-supporting, contributing members of society rather than dependent upon welfare and other means of assistance. They do, however, need assistance in achieving this goal.

- Supervised, post-delivery residences are needed, in particular, for many single, teen-age mothers. There is currently a large unmet need in this area. Such a service could be of tremendous help to mothers in adjusting to parenthood, in building interpersonal skills, in reducing isolation, and in planning and implementing a productive and meaningful life course.

In summary, teen-age parents have much potential and tremendous desires to be productive citizens and good parents. Although there are many good services and caring service providers to help them, there are still too many, often unnecessary, obstacles making it difficult for teen-age parents to reach their goals. Further, many of the teen-age parent's needs are umet or generally unrecognized. In this regard, any further research and all service delivery programs should take into account those teen-age parents--especially mothers--who are not successfully integrated

into service programs as there are many young parents in need who are unserved.

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